Electronic Health Records (EHR) – Meaningful Use (MU) Audits

Purpose:
The following procedure describes the steps required to review meaningful use payments made to eligible professional (EP) for the EHR incentive payments

Identification of Roles:
IME Program Integrity— conduct post pay reviews of MU incentive payments
Provider Services Staff – Pre-payment verification of MU incentive payments

Performance Standards:
Audit 5% of all MU incentive payments made each quarter

Path of Business Procedure:

The MU incentive payment is approved after a cursory pre-payment review is completed by Member Services. Based on their review, they can flag EPs they feel are better audit candidates.

1. Access the Iowa EHR Medicaid Incentive Payment Administration web portal www.imeincentives.com to find the comprehensive list of providers, by date, who have received MU incentive payments

The following steps are completed by the PI Reviewer.

   a. Determine the number of MU audits to conduct in the quarter by taking the number of approved MU incentive payments in the quarter multiplied by 5%.

   b. Review the list of approved MU incentive payments listed at www.imeincentives.com and select the appropriate number of EPs for review that quarter. Give special consideration to those flagged by the pre-payment group as good candidates.

   c. Pull the selected EP's MU incentive payment attestation submission from www.imeincentives.com.

2. Complete post-payment review of the selected EP's MU incentive payment

a. The MU incentive payment attestation is made up of two categories of data elements. There are 15 Core objectives that each provider must complete and 10 Menu objectives of which the provider must complete 6 or 9 of depending upon how some of the objectives are satisfied. The PI Reviewer will need to verify the provider's answers to the Core and Menu objectives.

b. The PI Reviewer will request documentation for each of the objectives as support to verify payment. There is a comprehensive CMS document with each objective and measure expectation. This document is located at P:\EHR Audits\EP-MU-TOC.pdf. In addition, this document contains FAQs related to each of the objectives.

c. The PI Reviewer reviews the documentation to ensure they support the information submitted with the attestation and that they meet to thresholds of the objective measures.

d. Final results of the review are communicated to the provider and to the EHR coordinator.

3. Results are posted on the CMS website dedicated to EHR audits and appeals.

4. Audits indicating deficiencies may result in recovery. In these cases, the review will follow the normal PROTO/Final process which will allow the provider to submit additional documentation. If the documentation is not sufficient, PI will proceed with collection of the overpayment.

Forms/Reports:
None

RFP References:
6.1.2.2.8

Interfaces:
Program Integrity Unit
Provider Services Staff

Attachments:
None